| Fill | in this infor | rmation to identify your | case: | | | | |
|---------------|---------------------------|--|----------------------------|---|-------------|----------------------|-------------|
| Deb | otor 1 | Mary Hernandez | | | | | |
| L. | | First Name | Middle Name | Last Name | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| Unit | ted States B | ankruptcy Court for the: | EASTERN DISTRICT (| OF MICHIGAN | | | |
| | | | | | | | |
| Cas (if kn | _ | 20-51197-mar | | | | Check if the amended | |
| | | | | | | amendee | i iiii ig |
| ~ (| . . | 4000 | | | | | |
| | | orm 106Sum | | | | | |
| | | | | nd Certain Statistical Informati | | 12/ | |
| info | rmation. Fill | out all of your schedule | es first; then complete t | e are filing together, both are equally respons he information on this form. If you are filing a k the box at the top of this page. | | | |
| Par | t 1: Sumr | marize Your Assets | | | | | |
| | | | | | , | our asse | nte |
| | | | | | | | hat you own |
| 1. | Schedule | A/B: Property (Official Fo | orm 106A/B) | | | | |
| | | | | | | \$ | 166,840.00 |
| | 1b. Copy li | ne 62, Total personal pro | perty, from Schedule A/B. | | | \$ | 21,603.50 |
| | 1c. Copy li | ne 63, Total of all property | on Schedule A/B | | | \$ | 188,443.50 |
| Par | t 2: Sumr | narize Your Liabilities | | | | | |
| | | | | | , | our liabi | lities |
| | | | | | | Amount yo | |
| 2. | | D: Creditors Who Have Cone total you listed in Colur | | y (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule</i> | <i>Đ</i> | \$ | 138,461.85 |
| 3. | | E/F: Creditors Who Have | | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | | \$ | 0.00 |
| | | | " , | , | | · —— | |
| | 3b. Copy t | the total claims from Part | 2 (nonpriority unsecured o | claims) from line 6j of Schedule E/F | | \$ | 70,554.72 |
| | | | | Your total liab | ilities \$ | | 209,016.57 |
| | | | | | | | |
| Par | t 3: Sumr | marize Your Income and | Expenses | | | | |
| 4. | | : Your Income (Official Fo | | e l | | \$ | 3,134.00 |
| 5. | Schedule J | J: Your Expenses (Official | Form 106J) | | | \$ | 3,133.00 |
| Par | | ver These Questions for | | | | - | |
| | | | | | | | |
| 6. | - | ling for bankruptcy under ou have nothing to report | • | ? Check this box and submit this form to the court w | ith your ot | her sched | ules. |
| | Yes | | | | | | |
| 7. | What kind | of debt do you have? | | | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| ebtor 1 | Mary Hernandez | | | |
|---|---|--|--|--|
| ebtor 2 | First Name Mido | lle Name Last Name | | |
| pouse, if filing) | First Name Midd | lle Name Last Name | | |
| nited States Bar | nkruptcy Court for the: _EASTERN | N DISTRICT OF MICHIGAN | | |
| ase number _2 | 20-51197-mar | | | ☐ Check if this is a amended filing |
| fficial Fo | rm 106 A /D | | | |
| | rm 106A/B e A/B: Property | | | 12/15 |
| | nave any legal or equitable interest in | Other Real Estate You Own or Have an Interest In any residence, building, land, or similar property? | | |
| Yes. Wh | here is the property? | | | |
| 4857 Red I | here is the property? | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | | laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property. |
| 4857 Red I Street address, i | Maple Dr. if available, or other description MI 48092-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | the amount of any secure Creditors Who Have Class Current value of the entire property? | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| 4857 Red I Street address, i | Maple Dr. if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | the amount of any secure Creditors Who Have Class Current value of the entire property? \$166,840.00 Describe the nature of (such as fee simple, ter a life estate), if known. | Current value of the portion you own? \$166,840.0 |
| 4857 Red I Street address, i | Maple Dr. if available, or other description MI 48092-0000 | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other | current value of the entire property? \$166,840.00 Describe the nature of (such as fee simple, ter | Current value of the portion you own? \$166,840.0 |
| 4857 Red I Street address, i Warren City | Maple Dr. if available, or other description MI 48092-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | the amount of any secure Creditors Who Have Class Current value of the entire property? \$166,840.00 Describe the nature of (such as fee simple, ter a life estate), if known. | Current value of the portion you own? \$166,840.0 your ownership interest nancy by the entireties, of |
| 4857 Red I Street address, i Warren City Macomb | Maple Dr. if available, or other description MI 48092-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | current value of the entire property? \$166,840.00 Describe the nature of (such as fee simple, ter a life estate), if known. Fee Simple Check if this is cor (see instructions) | Current value of the portion you own? \$166,840.0 your ownership interest nancy by the entireties, of |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto | or 1 <u>M</u> | ary Hernan | dez | Case number (if kno | wn) 20- | 51197-mar |
|--------------|---------------|---|---|-----------------------------------|----------------|---|
| 3. Ca | s, vans, | trucks, tract | ors, sport utility vehicles, motorcycles | | | |
| □ 1 | No | | | | | |
| - \ | ⁄es | | | | | |
| 3.1 | Make: | Chevy | Who has an interest in the property? © | | | laims or exemptions. Put ed claims on Schedule D: |
| | Model: | Traverse | Debtor 1 only | | | ims Secured by Property. |
| | Year: | 2016 | Debtor 2 only | Current value | of the | Current value of the |
| | | ate mileage: | Debtor 1 and Debtor 2 only | entire proper | ty? | portion you own? |
| | Other info | ormation: | At least one of the debtors and anothe | er | | |
| | | | Check if this is community property (see instructions) | y \$15, | 452.00 | \$15,452.00 |
| ■ 1 □ \ | √ Ves | | motors, personal watercraft, fishing vessels, snowmobiles, i | , | | |
| | | | the portion you own for all of your entries from Part 2, indeed for Part 2. Write that number here | | . | \$15,452.00 |
| | | | | | | |
| | | | nal and Household Items | | | Comment value of the |
| | | · | egal or equitable interest in any of the following items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex | | | urnishings ces, furniture, linens, china, kitchenware | | | |
| | | | Household furnishings | | | \$500.00 |
| Ex | . i | ncluding cell | nd radios; audio, video, stereo, and digital equipment; comp phones, cameras, media players, games | outers, printers, scanners; mus | sic collecti | ions; electronic devices |
| | | | (4) TVs, computer, printer | | | \$300.00 |
| | | Antiques and | figurines; paintings, prints, or other artwork; books, pictures ons, memorabilia, collectibles | , or other art objects; stamp, o | oin, or ba | aseball card collections; |
| | | | mo, momorabilia, collectibles | | | |
| | 168. Des | | | | | |
| | amples: S | for sports an Sports, photog musical instru | graphic, exercise, and other hobby equipment; bicycles, poo | ol tables, golf clubs, skis; cand | es and ka | ayaks; carpentry tools; |
| | Yes. Des | scribe | | | | |
| | | | | | | |

Schedule A/B: Property page 2 Official Form 106A/B

| D | ebtor 1 | Mary Hernan | dez | Case number (if known) | 20-51197-mar |
|-----|----------------------------------|-----------------------------------|---|---|---|
| 10. | . Firearn Examp | | s, shotguns, ammunition, and relat | ted equipment | |
| | ■ No | | | | |
| | ☐ Yes. | Describe | | | |
| 11. | . Clothe Examp □ No | | othes, furs, leather coats, designe | r wear, shoes, accessories | |
| | Yes. | Describe | | | |
| | | | Wardrobe | | \$200.00 |
| | | | warurobe | | φ200.00 |
| 12. | □ No · | | velry, costume jewelry, engageme | ent rings, wedding rings, heirloom jewelry, watches, gems, ç | gold, silver |
| | | | Jewelry, fur coat | | \$300.00 |
| | | | , | | <u> </u> |
| 13. | | rm animals oles: Dogs, cats, b | pirds, horses | | |
| | | Describe | | | |
| | | | | | |
| | ■ Yes. | Give specific info | Wheel chair, walker | | \$0.00 |
| 15 | | | of all of your entries from Part 3 number here | s, including any entries for pages you have attached | \$1,300.00 |
| Pa | art 4: De | scribe Your Finance | rial Assets | | |
| | | | egal or equitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No | | nave in your wallet, in your home, | in a safe deposit box, and on hand when you file your petiti | on |
| | | | | | |
| 17. | Examp | | avings, or other financial accounts If you have multiple accounts with | s; certificates of deposit; shares in credit unions, brokerage lathe same institution, list each. | nouses, and other similar |
| | □ No | | | Institution name: | |
| | ■ Yes | | Checking, joint account w/ Trustees: Rigoberto & Mary | Comerica In re Richardson, Case Number: 20-30790-jda | |
| | | | 17.1. Ann Hernandez | (Bankr. E.D. Mich. Aug. 13, 2020) | \$184.00 |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1 | Mary Hernan | dez | | Cas | se number (if known) | 20-51197-mar |
|-----------------------------|--|-------------|---|--|---------------------------------|-------------------------------|
| | | 17.2. | Checking, joint account w/ Trustees: Rigoberto & Mary Ann Hernandez | PNC In re Richardson, Case Numbe (Bankr. E.D. Mich. Aug. 13, 202 | | \$334.00 |
| | | | Checking & savings, joint accounts w/ Trustees: Rigoberto & Mary | Freestar Financial | | \$46.00 |
| | | 17.3. | Ann Hernandez | Freestar Financial | | \$16.00 |
| <i>Exan</i> ■ No | s, mutual funds, o nples: Bond funds, | | | ge firms, money market accounts | | |
| | oublicly traded stoventure | ock and | interests in incorporate | d and unincorporated businesses, i | ncluding an interes | t in an LLC, partnership, and |
| | . Give specific info | | about themne of entity: | % | of ownership: | |
| ■ No | s. Give specific info | rmation | • | to someone by signing or delivering the | | |
| <i>Exan</i> ■ No | | RA, ERIS | SA, Keogh, 401(k), 403(b |), thrift savings accounts, or other pens | sion or profit-sharing | plans |
| ☐ Yes | s. List each account | | ely. of account: | Institution name: | | |
| Your <i>Exan</i> ■ No | rity deposits and particles of all unused in the state of all unused in the | d deposit | s you have made so that | you may continue service or use from c utilities (electric, gas, water), telecom | a company munications compan | ies, or others |
| 23. Annu | ities (A contract fo | r a perio | dic payment of money to | you, either for life or for a number of ye | ears) | |
| | i Iss | uer nam | e and description. | | | |
| | sts in an educatio S.C. §§ 530(b)(1), 5 | | | ed ABLE program, or under a qualif | ied state tuition pro | gram. |
| | Ins | stitution r | name and description. Se | parately file the records of any interests | s.11 U.S.C. § 521(c): | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 | Mary Hernandez | | Case number (if known) | 20-51197-mar |
|-------------|----------------------------------|--|---|---|
| ■ No | | | ng listed in line 1), and rights or powers exe | cisable for your benefit |
| Exa ■ No | amples: Internet domain nam o | as, trade secrets, and other intellections, websites, proceeds from royalties a about them | and licensing agreements | |
| Exa ■ No | | dusive licenses, cooperative association | n holdings, liquor licenses, professional license | ss |
| Money | or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | - | about them, including whether you alre | eady filed the returns and the tax years | |
| Exa ■ No | · | | ort, maintenance, divorce settlement, property | settlement |
| Exa ■ No | benefits; unpaid loar | ility insurance payments, disability ber s you made to someone else | nefits, sick pay, vacation pay, workers' compen | sation, Social Security |
| Exa □ No | | - | (HSA); credit, homeowner's, or renter's insuran | ce |
| ■ Ye | Co | pany of each policy and list its value. mpany name: | Beneficiary: | Surrender or refund value: |
| | Те | rm life insurance | Jeffrey Hernandez | \$2,650.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Debtor 1 | Mary Hernandez | | Case number (if known) | 20-51197-mar |
|---|---|--|---|---|
| | Term | life insurance | Jeffrey Hernandez | \$1,667.50 |
| If you some | | e you from someone who has die trust, expect proceeds from a life in | ed nsurance policy, or are currently entitled to rec | eive property because |
| 33. Claim s <i>Exam</i> ■ No | s against third parties, whet ples: Accidents, employment | her or not you have filed a lawsu disputes, insurance claims, or rights | iit or made a demand for payment s to sue | |
| | Describe each claim | | | |
| ■ No | contingent and unliquidated Describe each claim | d claims of every nature, includin | ng counterclaims of the debtor and rights to | o set off claims |
| ■ No | nancial assets you did not a | ilready list | | |
| for P | art 4. Write that number her | | ny entries for pages you have attached | \$4,851.50 |
| 37. Do you No. G | | ble interest in any business-related p | <u> </u> | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Acco u | ınts receivable or commissi | ons you already earned | | |
| □ No □ Yes. | Describe | | | |
| 39. Office <i>Exam</i> | equipment, furnishings, an ples: Business-related compu | d supplies ters, software, modems, printers, co | opiers, fax machines, rugs, telephones, desks | , chairs, electronic devices |
| □ No □ Yes. | Describe | | | |
| 40 Marek | | | the description to | |
| 40. Machi □ No | nery, fixtures, equipment, s | upplies you use in business, and | TOOIS OF YOUR TRACE | |
| | Describe | | | |
| Official For | m 106A/B | Schedule A/B: F | Property | page 6 |

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| Debtor 1 | Mary Hernar | ndez | Case number (if known) | 20-51197-mar |
|---------------------------|-----------------------|--|------------------------|---------------------------------------|
| | | T | | |
| | | | | |
| 41. Inver | ntory | | | |
| □ No | | | | |
| ☐ Yes | . Describe | | | |
| | | | | |
| 12 Intere | sete in nartnerehi | ps or joint ventures | | |
| 42. IIICIC | sis in partifersing | ps or joint ventures | | |
| □ No | Civia ama sitia int | amount on the country of the country | | |
| ⊔ Yes | . Give specific info | ormation about them Name of entity: | % of ownership: | |
| | | • | % | |
| | | | 70 | |
| 43. Custo □ No. | omer lists, mailing | g lists, or other compilations | | |
| | our lists include per | rsonally identifiable information (as defined in 11 U.S.C. § 101(41A))? | | |
| _ | | • | | |
| | □ No □ Yes. Describe | | | |
| | L Yes. Describe | ····· | | |
| | | | | |
| 44. Any b | ousiness-related | property you did not already list | | |
| □No | | | | |
| | . Give specific info | ormation | | |
| | | | | |
| | | | | |
| | | | | |
| | | of all of your entries from Part 5, including any entries for pages number here | | |
| | | | | |
| _ | | | | |
| | | and Commercial Fishing-Related Property You Own or Have an Interest interest in farmland, list it in Part 1. | In. | |
| 46 Do vo | u own or have a | ny legal or equitable interest in any farm- or commercial fishing | -related property? | |
| - | o. Go to Part 7. | ry legal of equitable interest in any family of commercial fishing | -related property: | |
| _ | es. Go to line 47. | | | |
| | | | | Current value of the portion you own? |
| | | | | Do not deduct secured |
| | | | | claims or exemptions. |
| 47. Farm | | cultury forms relead fich | | |
| Exali | ipies. Livestock, p | oultry, farm-raised fish | | |
| □ No | | | | |
| ⊔ Yes | | | | |
| | [| | | |
| 48. Crops | s—either growing | or harvested | | |
| | | | | |
| □ No □ Yes | . Give specific info | ormation | | |
| | . 1.10 opoomo mile | | | |
| | | I and the second | | |

Official Form 106A/B Schedule A/B: Property page 7

| De | btor 1 | Mary Hernandez | | | Case number (if known) | 20-51197-mar |
|------|-----------------|--|--|----------------------|---------------------------|-------------------------|
| 49. | Farm ar | nd fishing equipment | , implements, machinery, fixtures, | and tools of trade | | |
| | □ No | | | | | |
| | □ No □ Yes | | | | | |
| | | | | | | |
| | | | | | | |
| 50. | Farm ar | nd fishing supplies, o | chemicals, and feed | | | |
| | □ No | | | | | |
| | □ No □ Yes | | | | | |
| | — 100 | | | | | |
| | | | | | | |
| 51. | Any far | m- and commercial f | shing-related property you did not | already list | | |
| | п., | | | | | |
| | □ No □ Yoo (| Give specific information | an . | | | |
| | □ 165. 0 | Sive specific information | | | | |
| | | | | | | |
| | | | | | | |
| 52. | | | of your entries from Part 6, includir | 0 , , , | , , | |
| | ior Pa | rt 6. write that numb | er here | | | |
| Date | 7. | Danadha All Burnanta | You Own or Have an Interest in That Yo | Did Not I ist Above | | |
| Га | rt 7: | Describe All Property | Tou Own or have an interest in that to | d Did Not List Above | | |
| 53. | | | of any kind you did not already list | ? | | |
| | _ ' | les: Season tickets, co | untry club membership | | | |
| | ■ No | | | | | |
| | ⊔ Yes. (| Give specific information | on | | | |
| | | L | | | | |
| | | | | | , | |
| 54. | Add th | ne dollar value of all | of your entries from Part 7. Write th | nat number here | | \$0.00 |
| | | | | | | |
| Pai | rt 8: | List the Totals of Each | Part of this Form | | | |
| 55 | Dort 1 | . Total roal catata lin | e 2 | | | \$4CC 040 00 |
| | | : Total real estate, iii : Total vehicles, line | | \$15.452.00 | | \$166,840.00 |
| 57. | | • | household items, line 15 | \$1,300.00 | | |
| 58. | | : Total financial asse | | \$4,851.50 | | |
| 59. | | : Total business-rela | | \$0.00 | | |
| 60. | | | ing-related property, line 52 | \$0.00 | | |
| 61. | | : Total other property | | \$0.00 | | |
| | | | | | _ | |
| 62. | Total | personal property. A | dd lines 56 through 61 | \$21,603.50 | Copy personal property to | otal \$21,603.50 |
| 63. | Total | of all property on Sci | nedule A/B. Add line 55 + line 62 | | | \$188,443.50 |
| | | , ., , | | | | ———— |

Official Form 106A/B Schedule A/B: Property page 8

| Fill in this infor | | | | |
|---------------------|--------------------------|--------------------|------------|------------------------------------|
| Debtor 1 | Mary Hernandez | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | |
| Case number | 20-51197-mar | | | |
| (if known) | 20 01101 mai | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Pro | perty You | Claim as | Exempt |
|---------|----------|-----------|-----------|----------|--------|
| | | | | | |

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|--|--------------------------------------|---------|---|--|
| 1. | Which set of exemptions are you claiming? | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonbank | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 U | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 4857 Red Maple Dr. Warren, MI 48092 Macomb County | \$166,840.00 | | \$47,406.15 | Mich. Comp. Laws § 600.5451(1)(m) |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.545 I(1)(III) |
| | Household furnishings Line from Schedule A/B: 6.1 | \$500.00 | | \$500.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Line Iron Schedule A/B. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | 000.0401(1)(0) |
| | (4) TVs, computer, printer Line from Schedule A/B: 7.1 | \$300.00 | | \$300.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Ellie II dill Genedale A.B. TT | | | 100% of fair market value, up to any applicable statutory limit | 000.0-10 1(1)(0) |
| | Wardrobe Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | Mich. Comp. Laws § 600.5451(1)(a)(iii) |
| | LINE HOTH SCHEUUIE AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 300.0 1 0 i(i)(a)(iii) |

Jewelry, fur coat

Line from Schedule A/B: 12.1

\$300.00

Mich. Comp. Laws §

600.5451(1)(c)

100% of fair market value, up to any applicable statutory limit

\$300.00

| De | btor 1 Mary Hernandez | | | Case number (if known) | 20-51197-mar |
|----|--|---------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from C Schedule A/B | | eck only one box for each exemption. | |
| | Checking, joint account w/ Trustees: Rigoberto & Mary Ann Hernandez: | \$184.00 | | \$184.00 | Mich. Comp. Laws § 600.5451(1)(b) |
| | Comerica In re Richardson, Case Number: 20-30790-jda (Bankr. E.D. Mich. Aug. 13, 2020) Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking, joint account w/ Trustees: Rigoberto & Mary Ann Hernandez: | \$184.00 | | \$184.00 | 42 U.S.C. § 407 |
| | Comerica In re Richardson, Case Number: 20-30790-jda (Bankr. E.D. Mich. Aug. 13, 2020) Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking, joint account w/ Trustees: Rigoberto & Mary Ann Hernandez: | \$334.00 | | \$334.00 | Mich. Comp. Laws § 600.5451(1)(b) |
| | PNC In re Richardson, Case Number: 20-30790-jda (Bankr. E.D. Mich. Aug. 13, 2020) Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | 000.3431(1)(5) |
| | Checking, joint account w/ Trustees: Rigoberto & Mary Ann Hernandez: | \$334.00 | | \$50.00 | 42 U.S.C. § 407 |
| | PNC In re Richardson, Case Number: 20-30790-jda (Bankr. E.D. Mich. Aug. 13, 2020) Line from <i>Schedule A/B</i> : 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Term life insurance | \$2,650.00 | | \$2,650.00 | Mich. Comp. Laws § 500.2209 |
| | Beneficiary: Jeffrey Hernandez Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Term life insurance Beneficiary: Jeffrey Hernandez | \$1,667.50 | | \$1,667.50 | Mich. Comp. Laws § 500.2209 |
| | Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covered No Yes | Byears after that for ca | ises fi | • | , |

| Fill in this informa | tion to identify you | r case: | | | | |
|--------------------------------------|-------------------------|---|-------------------|---|--|-----------------------------|
| Debtor 1 | Mary Hernandez | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bank | ruptcy Court for the: | EASTERN DISTRICT OF MIC | CHIGAN | | | |
| | -51197-mar | | | | | |
| (if known) | | | | | | if this is an ded filing |
| Official Form | 106D | | | | | - |
| | - | Who Have Claims | Secured | by Property | / | 12/15 |
| | | f two married people are filing toget out, number the entries, and attach i | | | | |
| , , | ave claims secured by | your property? | | | | |
| ☐ No. Check th | nis box and submit th | nis form to the court with your other | er schedules. Yo | ou have nothing else to | report on this form. | |
| _ | Il of the information b | • | | 3 | | |
| | Secured Claims | Jelow. | | | | |
| | | | | Column A | Column B | Column C |
| for each claim. If more | e than one creditor has | nore than one secured claim, list the co a particular claim, list the other credito al order according to the creditor's na | ors in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 Ally Financ | ial | Describe the property that secures | s the claim: | value of collateral. \$19.028.00 | s15.452.00 | If any \$3.576.00 |
| Creditor's Name | | 2016 Chevy Traverse | - | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u> </u> | Ψο,σ: σ:σσ |
| | | | | | | |
| Attn: Bankr | . , | As of the date you file, the claim is | : Check all that | | | |
| Po Box 380 | 901 on, MN 55438 | apply. | | | | |
| | | Contingent | | | | |
| Number, Street, C | ity, State & Zip Code | Unliquidated | | | | |
| Who owes the debt | ? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as | | ured | | |
| Debtor 2 only | | car loan) | 3.3. | | | |
| Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, m | echanic's lien) | | | |
| ☐ At least one of the | • | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this clair community debt | n relates to a | Other (including a right to offset) | Auto Ioan | | | |
| - | | | | | | |

Opened 02/18 Last

5470

Last 4 digits of account number

| | or 1 Mary Hern | Middle N | lame Last Name | Case number (if known) | 20-51197-mar | |
|------------|---|--------------------------------|---|------------------------|--|--------|
| | ot . taillo | daio | 2400 (14411) | | | |
| 2.2 | Macomb Cour Treasurer | nty | Describe the property that secures the claim | \$3,006.85 | \$166,840.00 | \$0.00 |
| | Creditor's Name | | 4857 Red Maple Dr. Warren, MI 48092 Macomb County | | | |
| | One South Ma Mount Clemer | | As of the date you file, the claim is: Check all the apply. Contingent | nat | | |
| | Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | |
| Who | owes the debt? | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | ebtor 1 only | | ☐ An agreement you made (such as mortgage car loan) | or secured | | |
| _ | ebtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | |
| □ A1 | least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | |
| | heck if this claim re community debt | elates to a | Other (including a right to offset) Proper | rty Taxes | | |
| Date | debt was incurred | 2019 | Last 4 digits of account number 70 | 050 | | |
| 2.3 | Specialized Lo | | Describe the property that secures the claim | s \$116,427.00 | \$166,840.00 | \$0.00 |
| | Servicing/SLS Creditor's Name | | 4857 Red Maple Dr. Warren, MI | | — • • • • • • • • • • • • • • • • • • • | |
| | | | 48092 Macomb County | | | |
| | Attn: Bankrup | • | As of the date you file, the claim is: Check all the | | | |
| | Po Box 636005 Littleton, CO 8 | | apply. | | | |
| | | | Contingent | | | |
| | Number, Street, City, S | state & Zip Code | Unliquidated | | | |
| Who | owes the debt? | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | ebtor 1 only ebtor 2 only | | ☐ An agreement you made (such as mortgage car loan) | or secured | | |
| □ D | ebtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | |
| ☐ At | least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | |
| | heck if this claim re community debt | elates to a | Other (including a right to offset) | age | | |
| | | Opened 06/18 Last Active | | | | |
| Date | debt was incurred | 6/22/20 | Last 4 digits of account number 58 | 808 | | |
| Δda | d the dollar value o | f vour entries in C | Column A on this page. Write that number here: | \$138,461 | .85 | |
| | | , , | the dollar value totals from all pages. | ψ.55,461 | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debtor 1 | Mary Harnandaz | | | | | |
|--|--|--|--|--|---|---|
| entor i | Mary Hernandez First Name | Middle Name | Last Name | | | |
| ebtor 2 | | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| nited States Ba | ankruptcy Court for the: EA | STERN DISTRICT OI | F MICHIGAN | | | |
| ase number | 20-51197-mar | | | | | |
| known) | 20 01107 11101 | | | | ☐ Check | c if this is an |
| | | | | | amen | ded filing |
| fficial For | m 106E/F | | | | | |
| | E/F: Creditors Who | Have Unsecu | red Claims | | | 12/15 |
| y executory con chedule G: Exec chedule D: Credi ft. Attach the Co | nd accurate as possible. Use Par itracts or unexpired leases that o utory Contracts and Unexpired L tors Who Have Claims Secured I ntinuation Page to this page. If y imber (if known). | could result in a claim. eases (Official Form 10 by Property. If more spa | Also list executory contract 06G). Do not include any creace is needed, copy the Part | s on Schedule A/B: Pro ditors with partially sec you need, fill it out, nu | perty (Official Fo cured claims that mber the entries | rm 106A/B) and on are listed in in the boxes on the |
| | All of Your PRIORITY Unsecu | | | | | |
| _ ' | tors have priority unsecured clai | ms against you? | | | | |
| No. Go to | Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| listed, iden much as p | your priority unsecured claims. Itify what type of claim it is. If a clain ossible, list the claims in alphabetic | m has both priority and neal order according to the | onpriority amounts, list that cla e creditor's name. If you have n | im here and show both p | oriority and nonpric | ority amounts. As |
| Page of Pa | art 1. If more than one creditor hold | s a particular claim, list t | he other creditors in Part 3. | | | |
| , and the second | art 1. If more than one creditor hold | • | | | Priority | Nonpriority |
| , and the second | | • | |) Total claim | Priority amount | Nonpriority amount |
| (For an exp | | • | | | • | |
| (For an exp | | the instructions for this | form in the instruction booklet. | | • | |
| (For an exp | | the instructions for this Last 4 digits of | form in the instruction booklet. | | • | |
| (For an exp | planation of each type of claim, see | the instructions for this | form in the instruction booklet. | | • | |
| (For an exp | planation of each type of claim, see | Last 4 digits of When was the date y | form in the instruction booklet. | Total claim | • | |
| (For an exp | planation of each type of claim, see reditor's Name Street City State Zip Code | Last 4 digits of When was the company Contingent | form in the instruction booklet. account number | Total claim | • | |
| 1. Priority C Number S Who incurre | planation of each type of claim, see reditor's Name Street City State Zip Code ed the debt? Check one. | Last 4 digits of When was the common Contingent Unliquidated | form in the instruction booklet. account number | Total claim | • | |
| (For an exponent) Priority C Number S Who incurred Debtor 1 | reditor's Name Street City State Zip Code ed the debt? Check one. only | Last 4 digits of When was the company Contingent | form in the instruction booklet. account number | Total claim | • | |
| 1. Priority C Number S Who incurre Debtor 1 Debtor 2 | reditor's Name Street City State Zip Code ed the debt? Check one. only only | Last 4 digits of When was the common Contingent Unliquidated | form in the instruction booklet. account number | Total claim | • | |
| 1. Priority C Number S Who incurre Debtor 1 Debtor 2 Debtor 1 | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only | Last 4 digits of When was the companient Contingent Unliquidated Disputed | account number debt incurred? rou file, the claim is: Check a | Total claim | • | |
| Number S Who incurre Debtor 1 Debtor 1 At least of | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another | Last 4 digits of When was the companient Contingent Unliquidated Disputed Type of PRIORI | account numberdebt incurred? you file, the claim is: Check a | Total claim | • | |
| .1. Priority C Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only | Last 4 digits of When was the companient Unliquidated Disputed Type of PRIORI Domestic sup | account number debt incurred? rou file, the claim is: Check a | Total claim | • | |
| Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if Is the claim | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the companient Contingent Unliquidated Disputed Type of PRIORI But Taxes and companient | account number debt incurred? rou file, the claim is: Check a | Total claim Il that apply government | • | |
| Number S Who incurre Debtor 1 Debtor 1 At least c Check if Is the claim | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the company of the date you contingent Unliquidated Disputed Type of PRIORI Domestic sup Taxes and company of the date you contingent Uniquidated Type of PRIORI Contingent Uniquidated Type of PRIORI Contingent Taxes and contingent Contin | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if Is the claim | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the companient Contingent Unliquidated Disputed Type of PRIORI But Taxes and companient | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| Priority C Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if Is the claim No | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the company of the date you contingent Unliquidated Disputed Type of PRIORI Domestic sup Taxes and company of the date you contingent Uniquidated Type of PRIORI Contingent Uniquidated Type of PRIORI Contingent Taxes and contingent Contin | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| Number S Who incurre Debtor 1 Debtor 1 At least c Check if Is the claim No | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the company of the date you contingent Unliquidated Disputed Type of PRIORI Domestic sup Taxes and company of the date you contingent Uniquidated Type of PRIORI Contingent Uniquidated Type of PRIORI Contingent Taxes and contingent Contin | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| Priority C Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if Is the claim No Yes | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de | Last 4 digits of When was the complete Contingent Unliquidated Disputed Type of PRIORI Taxes and complete Claims for decomplete. | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| Number S Who incurre Debtor 1 Debtor 1 Debtor 1 Check if Is the claim No Yes | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community des | Last 4 digits of When was the company of the date you contingent Unliquidated Disputed Type of PRIORI Taxes and company of the date you contingent Unliquidated Disputed | account number debt incurred? vou file, the claim is: Check a | Total claim Il that apply government | • | |
| .1. Priority C Number S Who incurre Debtor 1 Debtor 2 Debtor 1 At least c Check if Is the claim No Yes Part 2: List A Do any credit | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community described by the subject to offset? | Last 4 digits of When was the company of the date your contingent of Unliquidated of Disputed Type of PRIORI Type of PRIORI Taxes and company of Claims for decompany of Claims for decompany of the company of the com | account number debt incurred? you file, the claim is: Check a ITY unsecured claim: pport obligations ertain other debts you owe the eath or personal injury while yo | Total claim Il that apply government | • | |
| (For an exponent of the content of t | reditor's Name Street City State Zip Code ed the debt? Check one. only only and Debtor 2 only one of the debtors and another this claim is for a community de subject to offset? | Last 4 digits of When was the company of the date your contingent of Unliquidated of Disputed Type of PRIORI Type of PRIORI Taxes and company of Claims for decompany of Claims for decompany of the company of the com | account number debt incurred? you file, the claim is: Check a ITY unsecured claim: pport obligations ertain other debts you owe the eath or personal injury while yo | Total claim Il that apply government | • | |

Total claim

Official Form 106 E/F

| Debtor | 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|--------|--|--|---|------------|
| 4.1 | *AT&T Mobility | Last 4 digits of account number | | \$250.00 |
| | Nonpriority Creditor's Name ATTN: Bankruptcy Department 1801 Valley View | When was the debt incurred? | | |
| | Farmers Branch, TX 75234 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Cellular pro | ovider | |
| 4.2 | Ally Financial | Last 4 digits of account number | 4487 | \$500.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 380901 | When was the debt incurred? | Opened 04/10 Last Active 4/26/16 | |
| | Bloomington, MN 55438 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Automobile | 9 | |
| 4.3 | American Express National Bank | Last 4 digits of account number | 2004 | \$7,594.72 |
| | Nonpriority Creditor's Name Weber & Olcese, P.L.C. | When was the debt incurred? | 1989 | |
| | 3250 W. Big Beaver Rd., Ste. 124 Troy, MI 48084 | _ | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a ciaiin: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | manon agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Judgment | | |
| | | • — | | |

| Debtor | 1 Mary Hernandez | | Case number (if known) | 20-51197-mar | |
|--------|---|---|--------------------------------|-----------------|------------|
| 4.4 | AmeriCredit/GM Financial Nonpriority Creditor's Name | Last 4 digits of account number | 3795 | | \$150.00 |
| | Attn: Bankruptcy Po Box 183853 Arlington, TX 76096 | When was the debt incurred? | Opened 05/13 Last 05/16 | Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | u Ciaiiii. | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce t | hat you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | Yes | Other. Specify Automobile | • | | |
| 4.5 | Amex | Last 4 digits of account number | 6153,2002 | | \$5,461.00 |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Page TX 70009 | When was the debt incurred? | Opened 03/89 Last 8/06/19 | Active | |
| | El Paso, TX 79998 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separate or priority to be income. | ration agreement or divorce t | hat you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing | a plans, and other similar del | nte | |
| | □ Yes | Other. Specify Credit Card | , | 7.5 | |
| | | Other. Specify | - | | |
| 4.6 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 5053 | | \$1,463.00 |
| | Correspondence/Bankruptcy Po Box 981540 | When was the debt incurred? | Opened 04/89 Last 8/06/19 | Active | |
| | El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | ration agreement or divorce t | hat you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar deb | ots | |
| | ☐ Yes | ■ Other. Specify Credit Card | I | | |
| | | | | | |

| Debtor | 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|--------|---|--|--|----------|
| 4.7 | Amex | Last 4 digits of account number | 7723 | \$250.00 |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 6/03/70 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.8 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | 8076 | \$300.00 |
| | Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634 | When was the debt incurred? | Opened 05/07 Last Active 6/08/15 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Line | | |
| | | | | |
| 4.9 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | 6679 | \$250.00 |
| | Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634 | When was the debt incurred? | Opened 09/93 Last Active 6/03/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | | | • • | |
| | Yes | Other. Specify Real Estate | i wortgage | |

| Debtor | 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|----------|--|---|--|------------|
| 4.1 0 | Capital One | Last 4 digits of account number | 9650 | \$100.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | Opened 05/03 Last Active 1/05/12 s: Check all that apply | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Type of NONPRIORITY unsecured Student loans | ration agreement or divorce that you did not | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.1 | Cavalry Portfolio Services | Last 4 digits of account number | 0812 | \$2,125.00 |
| | Nonpriority Creditor's Name 500 Summit Lake Suite 400 Valhalla, NY 10595 | When was the debt incurred? | Opened 01/20 Last Active 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharing Other. Specify Collection A | g plans, and other similar debts Attorney Capital One | |
| 4.1 | Cbna | Last 4 digits of account number | 0872 | \$7,707.00 |
| | Nonpriority Creditor's Name Attn: Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 | When was the debt incurred? | Opened 08/06 Last Active 06/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |

| Debtor | 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|----------|---|--|--|----------|
| 4.1 | Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 8216 | \$50.00 |
| | Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 3/16/95 Last Active 9/01/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Citibank/The Home Depot | Last 4 digits of account number | 3111 | \$200.00 |
| | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 | When was the debt incurred? | Opened 2/16/19 Last Active 6/02/19 | |
| | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 5 | Citicorp | Last 4 digits of account number | 8736 | \$150.00 |
| | Nonpriority Creditor's Name Citicorp/ Attn: Centralized Bankruptcy Po Box 20507 | When was the debt incurred? | Opened 6/16/87 Last Active 2/02/15 | |
| | Kansas City, MO 64195 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

| Debt | or 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|----------|--|--|--|----------|
| 4.1 6 | Comenity Bank/Blair | Last 4 digits of account number | 2846 | \$350.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 9/28/17 Last Active 11/05/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Charge Acc | count | |
| 4.1 7 | Comenity Bank/Kingsize Nonpriority Creditor's Name | Last 4 digits of account number | 6290 | \$150.00 |
| | Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 6/16/13 Last Active 7/05/18 | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacktriangle At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 8 | Comenity Bank/Marathon Nonpriority Creditor's Name | Last 4 digits of account number | 2365 | \$99.00 |
| | Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 10/12/01 Last Active 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Charge Acc | | |
| | _ 165 | Other. Specify | | |

| Mary Hernandez | | Case number (if known) 20-51197-mar | |
|--|--|--|---------|
| Comenity Bank/Roaman's | Last 4 digits of account number | 2805 | \$125.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 07/12 Last Active 2/06/13 | |
| Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| □ Yes | Other. Specify Charge Acc | 01 , | |
| Dell Financial Services | Last 4 digits of account number | 8226 | \$55.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 08/05 Last Active | **** |
| Po Box 81577 Austin, TX 78708 | When was the debt incurred? | 2/28/10 | |
| Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Charge Acc | count | |
| Direct TV | Last 4 digits of account number | | \$500. |
| Nonpriority Creditor's Name P.O. Box 6414 Carol Stream, IL 60197-6414 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Satellite | | |

| Mary Hernandez | | Case number (if known) | 20-51197-mar | |
|---|---|-------------------------------|------------------|-----------|
| Discover Financial | Last 4 digits of account number | 5638 | | \$6,361.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 05/86 Last 9/29/20 | t Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | O continuent | | | |
| Debtor 2 only | ☐ Contingent | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | |
| ☐ Debtor I and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar de | ebts | |
| ☐ Yes | Other. Specify Credit Card | l | | |
| EnerBankUSA | Last 4 digits of account number | 8057 | | \$400.00 |
| Nonpriority Creditor's Name | _ | | | |
| Attn: Bankruptcy 1245 Brickyard Rd Ste 600 Salt Lake City, UT 84106 | When was the debt incurred? | Opened 03/16 Last 10/04/16 | t Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| lebt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| ☐ Yes | Other. Specify Unsecured | | | |
| Kohls/Capital One | Last 4 digits of account number | 1137 | | \$225.00 |
| Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 | When was the debt incurred? | Opened 08/13 Last 10/02/13 | t Active | |
| /liwaukee, WI 53201 lumber Street City State Zip Code Vho incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | |
| □ Yes | ■ Other. Specify Charge Acc | count | | |

| 1 Mary Hernandez | | Case number (if known) 20-51197-mar | |
|---|--|--|-------------|
| Marathon Petroleum Company | Last 4 digits of account number | 9543 | \$480.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 539 South Main St Findlay, OH 45840 | When was the debt incurred? | Opened 10/12/01 Last Active 10/11/11 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| PNC Bank | Last 4 digits of account number | 5836 | \$19,246.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5 | When was the debt incurred? | Opened 10/11 Last Active 06/19 | |
| Cleveland, OH 44101 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| PNC Bank | Last 4 digits of account number | 3182 | \$8,595.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 94982: Mailstop Br-Yb58-01-5 | When was the debt incurred? | Opened 11/18 Last Active 07/19 | |
| Cleveland, OH 44101 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | ag. coc or arrotoc that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Card | I | |
| | | | |

| Mary Hernandez | | Case number (if known) | 20-51197-mar | |
|--|--|-------------------------------|------------------|------------|
| Syncb/ccdstr | Last 4 digits of account number | 5942 | | \$1,373.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 02/17 Last 07/19 | Active | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | ■ Other. Specify Charge Acc | count | | |
| TrueGreen | Last 4 digits of account number | | | \$300.00 |
| Nonpriority Creditor's Name P.O. Box 9001128 | When was the debt incurred? | 2017-2020 | | • |
| Louisville, KY 40290 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | no or the date you me, the claim | or or cox an trial apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| ☐ Yes | Other. Specify Lawn Servi | ce | | |
| Wells Fargo Bank NA | | 5130 | | \$5,745.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | | \$3,743.00 |
| Attn: Bankruptcy 1 Home Campus Mac X2303-01a | When was the debt incurred? | Opened 12/81 Last 7/03/19 | Active | |
| Des Moines, IA 50328 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | ration agreement or divorce | that you did not | |
| Is the claim subject to offset? | report as priority claims | | | |
| No | Debts to pension or profit-sharing | • | bts | |
| □Yes | Other. Specify Credit Card | 1 | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Mary Hernandez | | Case number (if known) | 20-51197-mar |
|---|---|---|--------------|
| Name and Address *Third Party Withholding Unit Michigan Department of Treasury PO Box 30785 Lansing, MI 48909 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): Last 4 digits of account number | /ou list the original creditor? ☐ Part 1: Creditors with Priority ☐ Part 2: Creditors with Nonpri | |
| Name and Address 37th District Court #200080GC 8300 Common Rd. Warren, MI 48093 | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Part 2: Creditors with Nonpri | |
| Name and Address AT & T Mobility PO Box 6416 Carol Stream, IL 60197-6416 | On which entry in Part 1 or Part 2 did y Line 4.21 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority ☐ Part 2: Creditors with Nonpri | |
| Name and Address Direct TV 2230 E. Imperial Hwy El Segundo, CA 90245 | On which entry in Part 1 or Part 2 did y Line 4.21 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Part 2: Creditors with Nonpri | |
| Name and Address Direct TV 6550 Greenwich Village Englewood, CO 80155 | On which entry in Part 1 or Part 2 did y Line 4.21 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority ☐ Part 2: Creditors with Nonpri | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | 01 | On the Alberta | 01 | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 70,554.72 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 70,554.72 |

Official Form 106 E/F

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|------------|-------|------------------------------------|
| Debtor 1 | Mary Hernandez | | | ı | |
| | First Name | Middle Name | Last Name | Ì | |
| Debtor 2 | | | | ı | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | ı | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| Case number | 20-51197-mar | | | ı | |
| (if known) | 20 01 101 IIIul | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Numbe | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|-----------------------------|---|---------------------|---|
| .1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u></u> |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | <u> </u> | | <u> </u> | 2 0000 | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | Oity | | Olaic | 211 0000 | |
| 0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

| Fill in thi | is information t | o identify your | case: | | | |
|---------------------------|--------------------|------------------------|--------------------------------|----------------------------|------------------------|---|
| Debtor 1 | Mar | y Hernandez | | | | |
| | First I | | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, f | | Name | Middle Name | Last Name | | |
| | - | | | | | |
| United St | tates Bankrupto | y Court for the: | EASTERN DISTRICT OF | - MICHIGAN | | |
| Case nur | mber 20-511 | 97-mar | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Officia | al Form 1 | 06H | | | | |
| | | our Cod | ebtors | | | 12/15 |
| 00110 | <u> </u> | | | | | 12,10 |
| | | | | | | ate as possible. If two married |
| | | | | | | needed, copy the Additional Page, p of any Additional Pages, write |
| your nam | ne and case nu | mber (if known) | . Answer every question. | _ | | • |
| 1. Do | o you have any | codebtors? (If | you are filing a joint case, d | o not list either spouse a | as a codebtor. | |
| | | • | , | | | |
| ■ No | | | | | | |
| □ Ye | es | | | | | |
| | | | | | | y states and territories include |
| Arizo | ona, California, I | daho, Louisiana | , Nevada, New Mexico, Pue | rto Rico, Texas, Washir | igton, and Wisconsin.) | |
| ■ No | o. Go to line 3. | | | | | |
| | | use, former spo | use, or legal equivalent live | with you at the time? | | |
| | | | | | | |
| | □ No | | | | | |
| | ☐ Yes. | | | | | |
| | | | | | | |
| | In which | community stat | e or territory did you live? | | Fill in the name a | nd current address of that person. |
| | City | | State | Zip Code | | |
| | | | | | | |
| | | | | | | g with you. List the person shown |
| | | | | | | he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil |
| | Column 2. | ale L/I (Officia | ir orm roothy, or otherd | ile o (omeiai i om ioc | oj. Ose ochedule D, | Coneduce En , or Coneduce C to III |
| | Column 1: You | ır codehtor | | | Column 2: The cre | editor to whom you owe the debt |
| | | eet, City, State and Z | IP Code | | Check all schedule | |
| | | | | | _ | |
| 3.1 | Name | | | | Schedule D, lin | |
| | Namo | | | | ☐ Schedule E/F, | |
| | | | | | ☐ Schedule G, lir | ne |
| | Number City | Street | State | ZIP Code | | |
| | Ony | | Siale | ZIF COUR | | |
| | | | | | _ | |
| 3.2 | Name | | | | Schedule D, lin | |
| | INGILIE | | | | ☐ Schedule E/F, | |
| | | | | | ☐ Schedule G, lir | ne |
| | Number City | Street | State | ZIP Code | | |
| | Ony | | Jidio | ZII 000E | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Software Copyright (c) 1996-2020 Best Case, LLC - www.bestcase.com 20-51197-mar Doc 10 Filed 11/09/20 Entered 11/09/20 13:16:30 Page 28 of 40

| Fill | in this information to identify your c | ase: | | | | | | | | |
|------------------|--|--|--|-----------------------|----------------|---------------------|---------------------------|-----------------------|--------------------------------|-------------------|
| | otor 1 Mary Hernai | | | | | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF MICHIGAN | | _ | | | | | |
| 1 | ee number 20-51197-mar | | | | | | | ed filing ent show | ving postpetition | |
| O | fficial Form 106I | | | | | | MM / DD/ ` | | reneming date | • |
| So | chedule I: Your Inc | ome | | | | | VIIIVI 7 DD7 | | | 12/1 |
| sup | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing r spouse is not filing with | ng jointly, and your : th you, do not inclu | spouse i de infori | s liv natio | ing with on abou | n you, incl it your sp | ude info | ormation abou more space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor : | 2 or non | -filing spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ☐ Employed ■ Not employed | | | | ☐ Empl | oyed | I | |
| | information about additional employers. | Occupation | — Not omployed | | | | | . , | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed th | nere? | | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| spou | mate monthly income as of the dise unless you are separated. | | v | • | | | | · | • | J |
| - | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine the informatio | n for all e | emplo | yers foi | that perso | on on the | e lines below. If | you need |
| | | | | | | For De | btor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | N/A | _ |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$_ | N/A | _ |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | | 0.00 | \$_ | N/A | |

| Deb | tor 1 | Mary Hernandez | - | Case r | number (<i>if kr</i> | own) | 20-511 | 197-mar | | |
|-----|---------------|--|------------|----------|-----------------------|-------------|--------|----------------------|----------------|--------------|
| | | | | For | Debtor 1 | | | ebtor 2 or | | |
| | Cop | y line 4 here | 4. | \$ | C | 0.00 | \$ | | V/A | |
| 5. | l ist | all payroll deductions: | | | | | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | | 0.00 | \$ | | V/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | 0.00 | \$ | | V/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | 0.00 | \$ | | V/A | |
| | 5e. | Insurance | 5e. | \$ | | 0.00 | \$ | | V/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | | 0.00 | \$ | | V/A | |
| | 5g. | Union dues | 5g. | \$ | C | 0.00 | \$ | | V/A | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | - \$ | C | 0.00 | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | C | 0.00 | \$ | I | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | C | 0.00 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0- | ф. | | | • | | .1/A | |
| | O.L. | monthly net income. | 8a. | \$ | | 0.00 | \$ | | N/A | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8b. | \$ | | 0.00 | \$ | | N/A | |
| | 8d. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ \$ | C | 0.00 | \$ | | N/A N/A | |
| | 8e. | Social Security | 8e. | \$ | 1,077 | 7.00 | \$ | l | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 2,057 | | \$ | | V/A | |
| | 8h. | Other monthly income. Specify: | _ 8h.+ | - \$ | C | 0.00 | + \$ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,134 | .00 | \$ | | N/A | |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | 3 | 3,134.00 | + \$ | | N/A = \$ | ; | 3.134.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ,10 1100 | Ľ- | | | | 0,101100 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen | · | • | | | hedule J. 11. +\$ | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. \$ | | 3,134.00 |
| 12 | Do | you expect an increase or decrease within the year after you file this form | 2 | | | | | | mbine nthly | ed income |
| ١٥. | ■ | No. | | | | | | | | |
| | | Yes. Explain: | | | | | | | | |
| | _ | · | | | | | | | | |
| | | | | | | | | | | |

| Fill | in this informa | tion to identify yo | our case: | | | | | |
|------------|---------------------------------|--|------------------------|---|--|------------------|--|---|
| Deb | | Mary Hernan | | | | Chec | k if this is: | |
| | | wary Herrian | iuez | | | | An amended filing | |
| | tor 2 ouse, if filing) | | | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ed States Bankr | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | SAN | _ | MM / DD / YYYY | |
| | e number 20 nown) |)-51197-mar | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be info | as complete a | and accurate as | possible eded, atta | If two married people ar ch another sheet to this | | | | |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a joir No. Go to | | | | | | | |
| | | | in a separ | ate household? | | | | |
| | □ N □ Y | _ | st file Offici | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Debt | tor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ res □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other tl d your depende | han $_{m \Box}$ | No Yes | | | | |
| | | ate Your Ongoi | | , , | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucl ficial Form 10 | | d have inc | luded it on Schedule I:) | our Income | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In | nclude first mortgag | e 4. \$ | i | 644.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 312.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 129.00 |
| | | maintenance, re owner's associat | | ıpkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

Official Form 106J Schedule J: Your Expenses 20-51197-mar Doc 10 Filed 11/09/20 Entered 11/09/20 13:16:30 Page 31 of 40

| Debto | Mary Hernandez | Case numbe | er (if known) | 20-51197-mar |
|----------------|---|----------------|----------------|-------------------------------|
| 6. L | Itilities: | | | |
| - | a. Electricity, heat, natural gas | 6a. \$ | 3 | 322.00 |
| 6 | b. Water, sewer, garbage collection | 6b. \$ | · | 125.00 |
| 6 | c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | | 299.00 |
| 6 | d. Other. Specify: | 6d. \$ | | 0.00 |
| 7. F | ood and housekeeping supplies | 7. \$ | | 289.00 |
| | Childcare and children's education costs | 8. \$ | S ——— | 0.00 |
| 9. C | Clothing, laundry, and dry cleaning | 9. \$ | <u> </u> | 125.00 |
| | Personal care products and services | 10. \$ | S | 45.00 |
| | ledical and dental expenses | 11. \$ | | 145.00 |
| | ransportation. Include gas, maintenance, bus or train fare. | · | | |
| | o not include car payments. | 12. \$ | 6 | 325.00 |
| | intertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | | 52.00 |
| 14. C | charitable contributions and religious donations | 14. \$ | s ——— | 0.00 |
| 15. l ı | nsurance. | | | |
| | Oo not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 1 | 5a. Life insurance | 15a. \$ | S | 80.00 |
| 1 | 5b. Health insurance | 15b. \$ | S | 0.00 |
| 1 | 5c. Vehicle insurance | 15c. \$ | · | 241.00 |
| 1 | 5d. Other insurance. Specify: | 15d. \$ | | 0.00 |
| 16. T | axes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| S | pecify: | 16. \$ | 5 | 0.00 |
| 17. l ı | nstallment or lease payments: | | | |
| | 7a. Car payments for Vehicle 1 | 17a. \$ | S | 0.00 |
| 1 | 7b. Car payments for Vehicle 2 | 17b. \$ | 3 | 0.00 |
| 1 | 7c. Other. Specify: | 17c. \$ | S | 0.00 |
| 1 | 7d. Other. Specify: | 17d. \$ | | 0.00 |
| 18. Y | our payments of alimony, maintenance, and support that you did not report as | s . | | |
| | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | | 0.00 |
| | Other payments you make to support others who do not live with you. | \$ | S | 0.00 |
| | pecify: | 19. | | |
| | Other real property expenses not included in lines 4 or 5 of this form or on Sch | | | |
| | 0a. Mortgages on other property | 20a. \$ | | 0.00 |
| | 0b. Real estate taxes | 20b. \$ | | 0.00 |
| | 0c. Property, homeowner's, or renter's insurance | 20c. \$ | | 0.00 |
| | 0d. Maintenance, repair, and upkeep expenses | 20d. \$ | | 0.00 |
| 2 | 0e. Homeowner's association or condominium dues | 20e. \$ | | 0.00 |
| 21. C | Other: Specify: | 21. + | -\$ | 0.00 |
| 22 r | Calculate your monthly expenses | | | |
| | 2a. Add lines 4 through 21. | | \$ | 3.133.00 |
| | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 3,133.00 |
| | | | · | |
| 2 | 2c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,133.00 |
| 23 (| Calculate your monthly net income. | | | |
| | 3a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | \$ | 3,134.00 |
| | 3b. Copy your monthly expenses from line 22c above. | 23b | | 3,133.00 |
| _ | ob. Copy your monthly expenses from the 220 above. | 200. | <u> </u> | 3,133.00 |
| 2 | 3c. Subtract your monthly expenses from your monthly income. | | |] |
| | The result is your <i>monthly net income</i> . | 23c. \$ | 5 | 1.00 |
| | | <u> </u> | | |
| | o you expect an increase or decrease in your expenses within the year after y | | | |
| | or example, do you expect to finish paying for your car loan within the year or do you expect you | ır mortgage pa | yment to incre | ease or decrease because of a |
| _ | nodification to the terms of your mortgage? | | | |
| | No. | | | |
| | Yes. Explain here: Debtor is looking for replacement vehicle ar | ad ic maint | ainina har | incurance |

Official Form 106J Schedule J: Your Expenses 20-51197-mar Doc 10 Filed 11/09/20 Entered 11/09/20 13:16:30 Page 32 of 40

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|----------------------------|---------------------------|---------------------------|---|--|
| Debtor 1 | Mary Hernandez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | OF MICHIGAN | | |
| Case number | 20-51197-mar | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Doo | | | | |
| | | ın Individual | Debtor's S | chadulas | 40/45 |
| Declara | Holl About 8 | iii iiidividaai | Debtol 3 O | Ciledules | 12/15 |
| If two married p | eople are filing togethe | r, both are equally respo | ensible for supplying co | orrect information. | |
| obtaining mone | | n connection with a ban | | es. Making a false statement, t in fines up to \$250,000, or i | |
| Sig | n Below | | | | |
| Did you pa | ly or agree to pay some | one who is NOT an atto | rney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | Petition Preparer's Notice, Signature (Official Form 119) |
| Under pena | alty of perjury, I declare | that I have read the sum | nmary and schedules fi | led with this declaration and | |
| | e true and correct. | | • | | |
| X /s/ Mai | ry Hernandez | | X | | |
| Mary H | Hernandez ure of Debtor 1 | | Signature | of Debtor 2 | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Date ___

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Date November 9, 2020

Best Case Bankruptcy

| Fil | l in th | nis information to identify you | ır case: | | | | |
|-------------------|--------------------|---|--|----------|----------------------------|-----------------------------|------------------------------------|
| De | btor 1 | Mary Hernande | z | | | | |
| _ | | First Name | Middle Name | | Last Name | | |
| 1 - | btor 2 buse if, | | Middle Name | | Last Name | | |
| Un | ited S | States Bankruptcy Court for the | : EASTERN DISTRICT O | OF MIC | CHIGAN | | |
| Ca | se ni | ımber 20-51197-mar | | | | | |
| 1 | nown) | <u> </u> | | | | | Check if this is an amended filing |
| St Be info | ate as co | al Form 107 ment of Financial mplete and accurate as possion. If more space is needed | sible. If two married people I, attach a separate sheet t | e are fi | ling together, both are | equally responsible for su | |
| nur | nber | (if known). Answer every que | | | | | |
| Pa | rt 1: | Give Details About Your M | arital Status and Where Yo | ou Live | ed Before | | |
| 1. | Wh | at is your current marital stat | us? | | | | |
| | | Married | | | | | |
| | | Not married | | | | | |
| 2. | Dur | ing the last 3 years, have you | ı lived anywhere other tha | n whe | re you live now? | | |
| | | No | | | | | |
| | | Yes. List all of the places you | lived in the last 3 years. Do | not inc | clude where you live now | | |
| | De | btor 1 Prior Address: | Dates Debtor | 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | ЪС | btor 1 mor Address. | lived there | • | Debtor 2 i nor Ad | ui coo. | lived there |
| 3. stat | | hin the last 8 years, did you end territories include Arizona, Ca | | | | | |
| | | No | | | | | |
| | | Yes. Make sure you fill out So | chedule H: Your Codebtors (| Officia | l Form 106H). | | |
| Pa | rt 2 | Explain the Sources of Yo | ur Income | | | | |
| 4. | Did | you have any income from e | mployment or from operat | ing a l | business during this ve | ear or the two previous cal | endar vears? |
| | Fill i | in the total amount of income you are filing a joint case and you | ou received from all jobs and | d all bu | isinesses, including part- | time activities. | , , |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income | G | ross income | Sources of income | Gross income |
| | | | Check all that apply. | (b | pefore deductions and | Check all that apply. | (before deductions |

| Include and oth | income regard ner public bene | lless of wheth fit payments; | er that income is taxable. pensions; rental income; i | his year or the two previous calendar years? come is taxable. Examples of other income are alimony; child support; Social Security, unemployment, rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery have income that you received together, list it only once under Debtor 1. | | | | |
|--------------------|--------------------------------------|---------------------------------|---|--|----------------------------------|---|--|--|
| List ead | ch source and t | he gross inco | me from each source sep | arately. Do not include incom | e that you listed in lir | ne 4. | | |
| □ No | o es. Fill in the de | etails. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | | |
| | ary 1 of curre ou filed for bar | | SSI | \$11,489.0 | 0 | | | |
| | | | Pension | \$16,545.0 | 0 | | | |
| | lendar year: to December | 31, 2019) | SSI | \$15,425.0 | 0 | | | |
| | | | Pension | \$23,458.0 | 0 | | | |
| | endar year be to December | | SSI | \$15,425.0 | 0 | | | |
| art 3: | _ist Certain Pa | yments You | Made Before You Filed t | or Bankruptcy | | | | |
| Are eit □ No | o. Neither De | ebtor 1 nor D | s debts primarily consu ebtor 2 has primarily co personal, family, or house | nsumer debts. Consumer de | ebts are defined in 11 | U.S.C. § 101(8) as "incurred by an | | |
| | • | • | | , did you pay any creditor a t | otal of \$6,825* or mo | re? | | |
| | □ _{No.} □ _{Yes} | Go to line 7 | | naid a total of \$6.825* or mo | re in one or more nav | yments and the total amount you | | |
| | | paid that cre not include | editor. Do not include payi payments to an attorney f | ments for domestic support o | bligations, such as ch | nild support and alimony. Also, do | | |
| ■ Ye | es. Debtor 1 o | or Debtor 2 o | r both have primarily co | nsumer debts. | | , | | |
| | - | • | | , did you pay any creditor a t | otal of \$600 of filores | • | | |
| | □ No. ■ Yes | | each creditor to whom you | | | you paid that creditor. Do not Also, do not include payments to an | | |
| | | | this bankruptcy case. | it obligations, each ac office | apport and amnony. | riloo, do not molado paymonte te an | | |
| | tor's Name and | d Address | Dates of pay | ment Total amount | | Was this payment for | | |
| Credit | | | | paia | | | | |

Debtor 1 Mary Hernandez

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known) 20-51197-mar

| Debto | or 1 <u>M</u> a | ary Hernandez | | Cas | se number (if known) | 20-51197-m | nar |
|--------------|---|--|-------------------------|--|--|-----------------------------------|--|
| li o a | <i>nsider</i> s ir f which y | Vithin 1 year before you filed for bankruptcy, did you make a payment on siders include your relatives; any general partners; relatives of any general f which you are an officer, director, person in control, or owner of 20% or mobusiness you operate as a sole proprietor. 11 U.S.C. § 101. Include payment limony. | | eral partners; partner r more of their voting | erships of which you g securities; and an | u are a general ly managing ag | partner; corporations gent, including one for |
| | ■ No □ Yes. | List all payments to an incider | | | | | |
| _ | | List all payments to an insider. Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| iı | nsider? nclude pa | year before you filed for bankrupt ayments on debts guaranteed or cos | | ments or transfer a | any property on ac | count of a de | bt that benefited an |
| • | ■ No | List all payments to an incider | | | | | |
| | | List all payments to an insider Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | tor's name |
| | | | | paid | Still OWE | moduce credit | tor s riarrie |
| Part 4 | 4: Ide | ntify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| L | ist all suchodification | year before you filed for bankrupt ch matters, including personal injury ons, and contract disputes. Fill in the details. | | | | | |
| | Case titl | | Nature of the case | Court or agency | | Status of the | e case |
| | Case nu | | | | | | |
| | | an Express National Bank v ernandez | Civil Suit | 37th District Co #200080GC 8300 Common Warren, MI 480 | Rd. | ■ Pending □ On appea □ Conclude | |
| | | year before you filed for bankrupt that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | hed, attached | , seized, or levied? |
| | _ | Go to line 11. Fill in the information below. | | | | | |
| | Creditor | Name and Address | Describe the Property | | Date | | Value of the |
| | | | Explain what happened | I | | | property |
| a | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | mounts from your | |
| | | Name and Address | Describe the action the | creditor took | | action was | Amount |
| | | year before you filed for bankrupt pointed receiver, a custodian, or a | | erty in the possess | taken ion of an assignee | e for the benef | fit of creditors, a |
| • | ■ No □ Yes | | | | | | |

| Deb | tor 1 Mary Hernandez | | | Case number (if known) | 20-51197- | mar |
|-----|--|-----------|---|------------------------|-----------------------|---------------------------|
| | | | | | | |
| Par | 5: List Certain Gifts and Contribution | ns | | | | |
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift. | ruptcy, d | did you give any gifts with a total val | lue of more than \$60 | 00 per person | ? |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Date: the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | t | | | | |
| 14. | 4. Within 2 years before you filed for bankrupt ☐ No | | | ns with a total value | of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift or o | | | _ | | |
| | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | | s you ributed | Value |
| | North Broadway Church of Christ | | tithe | mon | thly | \$50.00 |
| Par | t 6: List Certain Losses | | | | | |
| | Within 1 year before you filed for bankru or gambling? No | uptcy or | since you filed for bankruptcy, did y | you lose anything be | ecause of the | ft, fire, other disaster, |
| | Yes. Fill in the details. | _ | | | | |
| | Describe the property you lost and how the loss occurred | Include | ibe any insurance coverage for the log the amount that insurance has paid. In the log can be seen that the log can be seen that the log can be seen the log can be seen that the log can be seen tha | _ist pending loss | of your | Value of property lost |
| Par | 17: List Certain Payments or Transfer | rs | | | | |
| | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p | preparii | ng a bankruptcy petition? | | | erty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any prop transferred | • | payment ansfer was | Amount of payment |
| | Frego & Associates - The Bankrup Law 23843 Joy Road Dearborn Heights, MI 48127 | tcy | | 8/10/ | /2020 | \$100.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | or to make payments to your creditor | | fer any prope | erty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | | payment ansfer was | Amount of payment |

| 18. | Include both include gifts a | | | | | | | | |
|-----|--|---|--|--------------------------------|--------------|---|---|--|--|
| | Person Who | o Received Transfer | Description and property transfe | | payme | be any property or nts received or debts exchange | Date transfer was made | | |
| | Person's re | lationship to you | | | | | | | |
| 19. | beneficiary? No | | | | | | | | |
| | Name of tru | | Description and | value of the prop | perty transf | erred | Date Transfer was | | |
| | | | · | · | • | | made | | |
| Par | t 8: List of | Certain Financial Accounts, In | struments, Safe Depos | sit Boxes, and Sto | orage Units | i | | | |
| 20. | sold, moved Include che | r before you filed for bankrupto , or transferred? cking, savings, money market, o sion funds, cooperatives, asso | or other financial acco | unts; certificates | of deposit; | | , , | | |
| | ■ No | olon rando, ocoporativos, acco | volutiono, una otno: mi | | . . | | | | |
| | ☐ Yes. Fil | I in the details. | | | | | | | |
| | | nancial Institution and Imber, Street, City, State and ZIP | Last 4 digits of account number | Type of account instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | cash, or oth | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, ash, or other valuables? | | | | | | | |
| | □ No | lin the deteile | | | | | | | |
| | | I in the details. | M/ha alaa had a | 4- 140 | Dananiha ti | htt- | De ven etill | | |
| | | nancial Institution Imber, Street, City, State and ZIP Code) | | Address (Number, Street, City, | | he contents | Do you still have it? | | |
| | Comerica 29100 Rya Warren, M | n Rd. | Mary Hernand | ez | Legal dod | cuments | □ No ■ Yes | | |
| 22. | Have you st | ored property in a storage unit | or place other than you | ur home within 1 | year before | you filed for bankruptc | <i>j</i> ? | | |
| | ■ No □ Yes. Fil | I in the details. | | | | | | | |
| | | orage Facility umber, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe ti | he contents | Do you still have it? | | |
| Par | t 9: Identif | y Property You Hold or Control | I for Someone Fise | | | | | | |
| 23. | | or control any property that so | | clude any propert | y you borro | owed from, are storing fo | or, or hold in trust | | |
| | ■ No □ Yes. Fi | II in the details. | | | | | | | |
| | Owner's Na | | Where is the pro | operty? | Describe to | he property | Value | | |
| | Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code) | | | | | | Taluo | | |

Debtor 1 Mary Hernandez Case number (if known) 20-51197-mar

| Part 10: 0 | Give Details | About | Environmental | Information |
|------------|--------------|-------|----------------------|-------------|
|------------|--------------|-------|----------------------|-------------|

For the purpose of Part 10, the following definitions apply:

| | , , , , , , , , , , , , , , , , , , , | | | | | | | | |
|-----|--|---|--|--------------------|--|--|--|--|--|
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | • | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | e under or in violation of an environm | ental law? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | y business? | | | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | , either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company | y (LLC) or limited liability partnersh | nip (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |

Business Name
Address
(Number, Street, City, State and ZIP Code)
Describe the nature of the business
Name of accountant or bookkeeper

Yes. Check all that apply above and fill in the details below for each business.

No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Employer Identification number Do not include Social Security number or ITIN.

Dates business existed

Official Form 107

| Debto | or 1 Mary Hernandez | | Case number (if known) | 20-51197-mar | | | |
|--|---|---|-------------------------|---------------------------------|--|--|--|
| | Vithin 2 years before you filed for bankrup nstitutions, creditors, or other parties. | otcy, did you give a financial statement to | anyone about your t | ousiness? Include all financial | | | |
| | No Yes. Fill in the details below. | | | | | | |
| 4 | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | |
| Part 1 | 12: Sign Below | | | | | | |
| are tru with a 18 U.S | I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Mary Hernandez | | | | | | |
| , | / Hernandez ature of Debtor 1 | Signature of Debtor 2 | | | | | |
| Date | November 9, 2020 | Date | | | | | |
| Did you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Filing for Bankruptcy</i> (Official Form 107)? ■ No □ Yes | | | | | | | |
| Did yo | ou pay or agree to pay someone who is no | ot an attorney to help you fill out bankrupt | cy forms? | | | | |
| ☐ Yes | s. Name of Person . Attach the Bankr | uptcy Petition Preparer's Notice, Declaration | , and Signature (Offici | ial Form 119). | | | |